



Mecklenburg County Health Department

Date: _____

To: Bill Hardister

From: _____ (Printed Name)
_____ (Signature)

Telephone: (_____) - _____ (8-5 M-F)

Subject: Business License Application

Facility Name: _____

Address: _____

Owner/Agent: _____

Telephone: (_____) - _____ (8-5 M-F)

This facility is served by (check all that apply):

☐ municipal (city) water supply ☐ community well ☐ private well
☐ municipal (city) sewage disposal ☐ community sewage disposal ☐ private septic tank system

TYPE OF BUSINESS: ☐ New ☐ New ownership of existing business ☐ Renewal

I am the owner or authorized agent for the facility listed above and am making application for a Business License.

I understand that the signature of any employee of the MCHD (Mecklenburg County Health Department) on the Business License Application is not a permit to operate and that such signature does not in any way ensure that the MCHD will ever issue a permit for operation of the facility.

I understand that the owner must contact the MCHD at 336-5100 and arrange a visit by an Environmental Health Specialist, that the Environmental Health Specialist will only issue a permit when all applicable rules have been met, that I must have the permit in my possession before handling any food at the facility or beginning the sale of food, and that no foodservice facility may operate in a residence. I further understand that failing to obtain this permit before handling food or operating is a violation of North Carolina General Statutes and may result in legal action being taken against me or the owner.

I understand that plans and specifications must be submitted to MCHD prior to beginning **any** construction or renovation work at the facility, that Health Department employees will not give verbal approval of plans that are submitted or for deviations from the approved plans, and that construction must be in compliance with the plans approved by MCHD.

I understand that all conditions existing at the facility that are not in compliance with current rules and regulations will need to be corrected before a permit will be issued by the MCHD; or, if it is possible to issue a Transitional Permit, must be corrected within the time period stated in the rules and indicated on the Transitional Permit (90 or 180 days depending on the facility type). I understand that MCHD will determine whether or not a Transitional Permit can be issued based on the existing permit status and the type of repairs/corrections that need to be made.

If I am not the owner of the business listed above, I will see that the owner receives a copy of this document.